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School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

100

First Semester February 15 to State Superintendent

Second Semester May 10 to County Superintendent May 24 to State Superintendent

February 1 to County Superintendent **S**: COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 41 Ravalli 0731 Corvallis K-12 Schools **High School** District Route Miles Rate Days **Bus Driver's** Per Mile Capacity Operated Social Security # Percentage # # Per Day Inspection 100 1 1 34.6 1.57 72 None 100 1 10 30.2 1.80 84 None 100 32.2 1 11 1.80 84 None 0.95 100 112d 74 08/23/04 1 18 100 12a 86.2 0.95 18 08/23/04 100 1 12b 72.8 0.95 18 08/23/04 100 1 12c 92.8 0.95 18 08/23/04 100 12d 74.4 0.95 08/23/04 18 1 08/23/04 100 12e 77.7 0.95 1 18 100 13 28.8 1.80 84 None 100 2 39.2 1.57 71 08/23/04 1 3 100 1 40.7 1.80 84 None 100 4 42.6 84 1 1.80 None 100 5 41.6 1.57 71 None 1 100 6 42 84 1.80 None 100 1 7 25.8 1.57 72 None 8 100 84 1 34.4 1.80 None

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32.8

1.80

84

None

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2

tu-th pre-school

80

0.95

100

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 41 Ravalli 0732 Stevensville Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Mile Operated Social Security # Percentage # Per Day Capacity Inspection 55 2 1 54.4 1.80 88 08/27/04 2 55 10 44.2 1.57 72 07/13/04 2 34 08/23/04 55 11 1.80 88 2 2 55 44.6 1.57 71 07/13/04 2 3 71 55 53.2 1.57 07/13/04 55 2 4 44 1.57 72 07/13/04 2 5 55 44.2 1.57 72 08/23/04 55 2 6 50 1.80 07/13/04 88 2 7 55 41.2 1.57 78 08/23/04 2 8 55 49.6 1.80 84 08/23/04 55 2 9 29.6 1.57 72 08/23/04

48

07/13/04

PI	

School District Claim for State Reimbursement for **School Bus Transportation**

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District	
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DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 41 Ravalli 0733 Stevensville H S **High School** District Route Miles Rate Days **Bus Driver's** Percentage Per Mile Operated Social Security # # Per Day Capacity Inspection 45 2 1 54.4 1.80 88 08/27/04 2 45 10 44.2 1.57 72 07/13/04 2 34 08/23/04 45 11 1.80 88 2 2 45 44.6 1.57 71 07/13/04 2 3 71 45 53.2 1.57 07/13/04 45 2 4 44 1.57 72 07/13/04 2 5 45 44.2 1.57 72 08/23/04 45 2 6 50 1.80 07/13/04 88 2 7 45 41.2 1.57 78 08/23/04 2 8 45 49.6 1.80 84 08/23/04 45 2 9 29.6 1.57 72 08/23/04

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School District Claim for State Reimbursement for **School Bus Transportation**

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County	

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First Semester Second Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 41 Ravalli 0735 Hamilton K-12 Schools **High School** Days District Route Miles Rate **Bus Driver's** Per Dav Per Mile Operated Social Security # Percentage # Capacity Inspection 100 3 1 35 1.57 71 08/18/04 3 2 100 40 1.57 71 08/18/04 100 3 3 29 71 08/18/04 1.57 3 4 100 34 1.57 72 08/18/04 3 5 78 100 36 1.57 08/18/04 100 3 6 42 1.57 72 08/18/04 7 3 100 66 1.80 84 08/18/04 100 3 8 71 1.80 84 08/18/04 100 3 9 22 1.80 84 08/18/04 100 3 50 0.00 10 08/18/04 pre

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

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DUE DATES:		February 1	First Semester to County Superin to State Superint			•	Second Semeste o County Superin o State Superinte	tendent	
COMPL	ETE TH	IS CLAIM FO	R STATE REIMI	BURSEMEN	T FOR SCH	HOOL BUS TRA	NSPORTATION	•	
This claim is for the period beginning							· ·		
CERTIF	ICATIO	N:							
The infor	mation on	this form is compl	ete and accurate to th	e best of my kno	owledge.				
Date Signature, Chair, Board of Trustees									
County: District:						District Level:			
41 Ravalli 0738 Victor K-12 Schools				ls		High S	chool		
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	7	1	41	1.57	72	08/28/04			
100	7	2	33.6	1.36	66	08/28/04			
100	7	3	39	1.36	66	08/28/04			
100	7	4	40	1.57	71	08/28/04			

PI	

School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

First Semester Second Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 41 Ravalli 0740 Darby K-12 Schools **High School** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Capacity Operated Social Security # Percentage # Inspection 100 9 1 113.2 1.80 84 08/25/04 9 2 49 100 1.80 84 08/25/04 100 9 3 54.4 08/25/04 1.80 84 9 4 100 36.6 1.80 84 08/25/04 9 5 100 109.2 1.80 84 08/25/04 100 9 6 39 1.80 84 08/25/04 9 100 Kinder 34 1.80 84 08/25/04

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

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DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent							-	Second Semeste o County Superin o State Superinte	tendent
COMPL	ETE TH	IS CLAIM FO	OR STAT	TE REIME	BURSEMEN	T FOR SO	CHOOL 1	BUS TRA	NSPORTATION:	
This claim is for the period beginning					20 and	l ending		,	20 .	
			,	onth	day		8			ay
CERTIF	CATIO	N:								
The infor	mation on	this form is comp	lete and a	ccurate to th	e best of my kn	owledge.				
Date	Signature, Chair, Board of Trustees									
County: District:								District Le	vel:	
41 Rava	41 Ravalli 0741 Lone Rock Elem					Elemer	ntarv			
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	7 Ins	spection	Days Operated	Bus Driver's Social Security #
100	13	1		47.8	1.57	72	08	8/28/04		
100	13	2		40	1.80	88	08	8/28/04		
100	13	3		33.4	1.80	84	08	3/28/04		
100	13	3		33.4	1.80	84	08	3/28/04		

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School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

100

100

15-6

15-6

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 41 Ravalli 0743 Florence-Carlton K-12 Schls **High School** District Route Miles Rate Days **Bus Driver's** Operated Social Security # Percentage # # Per Day Per Mile Capacity Inspection 100 15-6 1 34 1.36 66 08/28/04 100 10SE 15-6 45 0.95 23 08/28/04 100 18 71 08/28/04 15-6 11 1.57 15-6 12 1.57 72 16 08/28/04 71 100 15-6 13 33 1.57 08/28/04 100 15-6 2 25 1.36 66 08/28/04 15-6 3 100 34 1.57 72 08/28/04 100 4 22 1.57 71 08/28/04 15-6 100 71 15-6 5A 30 1.57 08/28/04 100 15-6 6 12 0.00 66 08/28/04 100 15-6 7 32 1.57 72 08/28/04

71

66

08/28/04

08/28/04

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27

23

1.57

1.36